

<i>SERFF Tracking Number:</i>	<i>HRLV-125556715</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Harleysville Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i># \$0</i>
<i>Company Tracking Number:</i>	<i>DMWBO020708-1</i>		
<i>TOI:</i>	<i>05.2 Commercial Multi-Peril - Liability Portion</i>	<i>Sub-TOI:</i>	<i>05.2007 Other CMP</i>
	<i>Only</i>		
<i>Product Name:</i>	<i>CBOP</i>		
<i>Project Name/Number:</i>	<i>CBOP Revised TRIA forms/</i>		

Filing at a Glance

Company: Harleysville Mutual Insurance Company

Product Name: CBOP

SERFF Tr Num: HRLV-125556715 State: Arkansas

TOI: 05.2 Commercial Multi-Peril - Liability
Portion Only

SERFF Status: Closed

State Tr Num: # \$0

Sub-TOI: 05.2007 Other CMP

Co Tr Num: DMWBO020708-1

State Status: Fees verified and
received

Filing Type: Form

Co Status: Submitted to State

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Author: Carol Zwoyer

Disposition Date: 03/24/2008

Date Submitted: 03/19/2008

Disposition Status: Accepted For
Informational Purposes

Effective Date Requested (New):

Effective Date (New): 01/01/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):
01/01/2008

State Filing Description:

General Information

Project Name: CBOP Revised TRIA forms

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 03/24/2008

State Status Changed: 03/24/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number: BP-2007-OTRP1

Advisory Org. Circular:

Deemer Date:

In response to the extension of TRIA, it is our intent to utilize the ISO Terrorism Supplement of Division Ten as approved in ISO forms filing BP-2007-OTRP1 including state version TEX311. We wish to submit the ISO disclosure notice BP 0515 (filed under BP 2007-OTRP1) for informational purposes.

SERFF Tracking Number: HRLV-125556715 State: Arkansas
 Filing Company: Harleysville Mutual Insurance Company State Tracking Number: # \$0
 Company Tracking Number: DMWBO020708-1
 TOI: 05.2 Commercial Multi-Peril - Liability Portion Sub-TOI: 05.2007 Other CMP
 Only
 Product Name: CBOP
 Project Name/Number: CBOP Revised TRIA forms/

Company and Contact

Filing Contact Information

Carol Zwoyer, Senior State Filing Analyst czwoyer@harleysvillegroup.com
 355 Maple Avenue (215) 256-5735 [Phone]
 Harleysville, PA 19438-2297 (215) 256-5678[FAX]

Filing Company Information

Harleysville Mutual Insurance Company	CoCode: 14168	State of Domicile: Pennsylvania
355 Maple Avenue	Group Code: 253	Company Type:
Harleysville, PA 19438	Group Name:	State ID Number:
(215) 256-5000 ext. [Phone]	FEIN Number: 23-0902325	

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Harleysville Mutual Insurance Company	\$0.00	03/19/2008	

SERFF Tracking Number:	HRLV-125556715	State:	Arkansas
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	Only		
Product Name:	CBOP		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Llyweyia Rawlins Informational Purposes		03/24/2008	03/24/2008

SERFF Tracking Number:	HRLV-125556715	State:	Arkansas
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	Only		
Product Name:	CBOP		
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Disposition

Disposition Date: 03/24/2008
Effective Date (New): 01/01/2008
Effective Date (Renewal): 01/01/2008
Status: Accepted For Informational Purposes
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HRLV-125556715 State: Arkansas

Filing Company: Harleysville Mutual Insurance Company State Tracking Number: # \$0

Company Tracking Number: DMWBO020708-1

TOI: 05.2 Commercial Multi-Peril - Liability Portion Sub-TOI: 05.2007 Other CMP
Only

Product Name: CBOP

Project Name/Number: CBOP Revised TRIA forms/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Accepted for Informational Purposes	Yes
	cover letter & expedited filing transmittal	Accepted for Informational Purposes	Yes
Form	Dusckosure Persuant to Terrorism Tisk Insurance Act	Accepted for Informational Purposes	Yes

SERFF Tracking Number: HRLV-125556715 State: Arkansas

Filing Company: Harleysville Mutual Insurance Company State Tracking Number: # \$0

Company Tracking Number: DMWBO020708-1

TOI: 05.2 Commercial Multi-Peril - Liability Portion Sub-TOI: 05.2007 Other CMP
Only

Product Name: CBOP

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Accepted for Information al Purposes	Dusckosure Persuant to Terrorism Tisk Insurance Act	BP 0515	1-08	Disclosure/ New Notice		0.00	BP-0515 _Ed. 1-08_ Disclosure Pursuant to TRIA.pdf

THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

SCHEDULE

Terrorism Premium (Certified Acts) \$ 0

Additional information, if any, concerning the terrorism premium:

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

B. Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

C. Cap On Insurer Participation In Payment Of Terrorism Losses

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

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Rate Information

Rate data does NOT apply to filing.

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Only
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Supporting Document Schedules

Bypassed -Name: Uniform Transmittal Document-
Property & Casualty
Bypass Reason: not applicable
Comments:

Review Status:
Accepted for Informational Purposes 03/24/2008

Satisfied -Name: cover letter & expedited filing
transmittal
Comments:
Attachments:
AR CBO form cover letter.pdf
TRIA expedited form.pdf

Review Status:
Accepted for Informational Purposes 03/24/2008

HARLEYSVILLE MUTUAL INSURANCE COMPANY

355 Maple Avenue
Harleysville PA 19438-2297
www.harleysvillegroup.com

March 19, 2008

Honorable Julie Benfield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

NAIC # 14168, FEIN # 23-0902325
Commercial Multiple Peril
Contractors Business Owners Program
Form Filing
Company Reference Number 125556715

Dear Honorable Bowman:

On December 26, 2007 the Terrorism Risk Insurance Program Reauthorization Act of 2007 (H.R. 2761) was signed into law by President Bush extending the Terrorism Risk Insurance Act (TRIA) for an additional seven years.

In response to the extension of TRIA, it is our intent to utilize the ISO Terrorism Supplement of Division Ten as approved in ISO forms filing BP-2007-OTRP1 including state version TEX311.

In an effort to ensure that we are in compliance with the US Treasury requirements for the Terrorism Risk program reauthorization Act of 2007, we wish to submit the ISO disclosure notice BP 0515 for informational purposes.

Withdrawn: BO-7434 (Ed. 11-02) Cap on Losses from Certified Acts of Terrorism
BO-7435 (Ed. 11-02) Exclusion of Acts of Biological or Chemical Terrorism; Cap on Losses From Certified Acts of Terrorism
BO-7437 (Ed. 12-02) Nuclear, Biological or Chemical Terrorism Exclusion (Other than Certified Acts of Terrorism) Cap on Losses from Certified Acts of Terrorism
BO-7439 (Ed. 11-02) Arkansas Exclusion of Punitive Damages Related to a Certified Act of Terrorism
BO-7440 (Ed. 11-02) Limited Exclusion of Acts of Terrorism (Other than Certified Acts of Terrorism) Cap on Losses from Certified Acts of Terrorism
BO-7442 (Ed. 11-02) Limited Terrorism Exclusion (Other than Certified Acts of Terrorism) Cap on Losses from Certified Acts of Terrorism
BO-7474 (Ed. 1-07) Conditional Exclusion of Terrorism (Relating to Disposition of Federal Risk Insurance Act of 2002)
IL-7156 (Ed. 5-06) Endorsement Notice of Terrorism Insurance Coverage

These changes are applicable in conjunction with the implementation of the Terrorism Risk Insurance Program Reauthorization Act of 2007 (H.R. 2761).

Your favorable consideration will be appreciated.

Very truly yours,



Carol Zwoyer, AAM, AIT
Senior State Filing Analyst
(215) 256-5735
czwoyer@harleysvillegroup.com

CC: Dawn Wrenfrow

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) _____

Indicate Type of Filing
<input type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail

Filing information

Line of Insurance (see attachment)	
Company Program Title (Marketing title) (if applicable)	
Filing Type ** see note below	
This application is used with:	
Effective Date Requested	
Filing date	
Company Tracking Number	
Date filing approved in domiciliary state, if applicable	

	<u>Component/Form Name</u> <u>/Description/Synopsis</u>	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
10			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- ☐ Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- ☐ Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

Signature

Print Name:

Title: